accept every provision of the Council. All honest men welcome just such a move; those who object and loudly clamor of their rights—well, it's easy to classify *them!*

SUDDEN CHANGE.

But very recently a sudden change seems to have begun to come over the editorial mentality of some of the pharmaceutical journals. A number of druggists' associations have expressed their hearty approval of the Council on Pharmacy and Chemistry, and have congratulated the Association upon the formation of this Council. The wise druggist sees at once just what the import of the carrying out of this scheme will mean to him. He sees relief from somewhat of the burden he is now forced to carry, in the shape of worthless nostrums, a small demand for which may be worked up by the wily manufacturer, inducing a few physicians to forget their duty and prescribe the secret stuff. Now, the druggists are the subscribers to and supporters of the drug journals. If the druggists approve of the Council, assuredly the drug journals cannot for long continue to abuse it; and some of them are already beginning to "hedge." When one appreciates it fully, the situation is really delightfully funny; the whole machinery of dishonesty is put out of order and rendered impotent by just a little honest effort and straight talk!

TENDON TRANSPLANTATION.

By F. LANGE, Munich.

Translated by James T. Watkins, M. D., San Francisco.

(*Concluded from page* 152, *May* JOURNAL.)

Finally, the possibility of thread-infection deserves mention. The danger that the silk threads be subsequently extruded in this way I do not consider nearly so great as Vulpius does. Vulpius, who reports over 400 tendon plastic operations—among which there apparently occur only a few operations with silk tendons—has experienced, in 25 per cent of his cases, after weeks or months, extrusion of individual threads. I myself have in 216 tendon plastic operations—among which 126 are supplied with silk tendons—to record only something over 2 per cent of thread infections. The difference in these figures, 2 per cent (Lange) against 25 per cent (Vulpius) is so great that a coincidence is excluded; the cause of this difference must so much the more be sought in the method. Vulpius operates with hood and lisle-thread gloves; I use rubber gloves and mouth and brow bandages. In these two much discussed points, we therefore agree very well. That, above all, nothing in Vulpius' asepsis during the operation is to be regarded as the cause of the secondary extrusion of the threads, I hold beyond question with such a surgeon as Vulpius; also the great number of his perfect primary unions speaks against anything being wrong with his asepsis. Therefore it is very probable that the cause lies in the after treatment. Vulpius closes the wounds completely; I introduce a little piece of gauze wet in sublimate (1:1000) into one corner of the wound which is closed everywhere else, and drain the latter in this way for 48 hours.

Earlier I used to remove the strip of gauze through a fenestrum in the plaster dressing. That was inconvenient and took time. At the suggestion of my assistant, Dr. Oberrait, of late I tie a long silk thread to the gauze drain, carry the other end of the silk thread out at the upper or lower border of the plaster dressing, and after forty-eight hours remove the gauze by a vigorous pull on the silk thread, without in any way changing the dressing. (Temporary drainage.)

Vulpius advises against such a procedure. He says, "The better closed the sutures over the tendon, the more certain are we to avoid a secondary infection of the sunken suture material." Theoretically that sounds quite plausible, but the practice in this case speaks to my advantage. I have right frequently observed that from the angle of the wound from which the gauze drain projected, for days or even weeks a cloudy serous or cloudy hemorrhagic, or even an oily secretion was discharged. Where the fluid came from was not always to be certainly determined. Frequently a necrosis of torn-off fatty tissue or a bit of fascia may have caused it. That it resulted from infection is altogether improbable, since the wound itself and the skin sutures appeared perfect, and since I have never observed with it a rise of temperature. The secretion appears to be of an entirely harmless nature, and I think that the ordinary wounds, such for example as are caused by the removal of a tumor or similar operations which have been completely sutured, such a secretion is as a rule resorbed without presenting any symptoms.

The conditions are different, however, in wounds in which foreign bodies are to heal in. If such wounds are completely closed, and if any secretion develops in them (it does not appear to me unlikely), I think it is much more judicious to obtain a free discharge of the secretion. The very small number of my stitch abscesses as compared with that of Vulpius speaks eloquently for the correctness of my assumption. This question, whose explanation I hold to be well worth while, would be easily determined, should Vulpius agree to test my method, and should he in that way obtain any appreciable decrease of stitch abscesses. You see that from my method I have thus far according to my experience no reason to fear stitch abscesses. Nevertheless, I would even to-day have less faith in my silk tendon if the silk tendons did not become true tendon tissue. Two years ago, at the meeting of the Society for Original Research (Naturforscherversammlung) in Hamburg, I said that my clinical experiences seemed to indicate that the silk tendons become surrounded by living tissue because the former under the influence of function became thicker from month to month, and I was able to present in Hamburg a microscopical specimen which showed that the new tissue was composed of true tendon tissue. I am happy to say that I can place before you two other preparations of silk-tendons. The one comes from a 5-year-old boy; the other from an 18-year-old girl. Both silk tendons have functionated for more than two years. In the course of a necessary secondary operation it was possible for me to obtain the preparation. You see admirably well in both not only how the silk is surrounded by a sheath of tendon, but also you see especially in the cross-section how organization pushes into the interior of the tendon, and how true tendon tissue forms the nucleus of one of the silk tendons. The specimens further present extraordinarily interesting disclosures concerning the nature of the origin of the new tissue. There were two possibilities for the development of tendon tissue; either the new structure could arise from the tendon stumps of the transplanted muscle, or it could develop of its own accord. First, a young connective tissue appeared about the silk tendon, from which there gradually developed true tendon tissue. My specimens speak altogether for the last assumption. For you see in the central layers in the neighborhood of the silk, very young connective tissue, with numerous cells, vessels, and giant cells, while towards the periphery, in the evidently older layers, the tissue is progressively poorer in vessels and cells, and more and more assumes the character of true tendon tissue.